

AN ACT relating to Medicaid eligibility determinations.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

- (1) The Department for Medicaid Services or a managed care organization contracted to provide Medicaid benefits under this chapter shall process an application for Medicaid eligibility and issue a determination as to whether an applicant qualifies for Medicaid services under this chapter within forty-five (45) days of the receipt of the application.*
- (2) Within fifteen (15) days of the expiration of the time period established in subsection (1) of this section, the Department for Medicaid Services or a managed care organization contracted to provide Medicaid benefits under this chapter shall forward a conclusive request for verification of income and resources.*
- (3) An applicant shall comply with a request for verification of income or resources within fifteen (15) days of receipt.*
- (4) If the Department for Medicaid Services or a managed care organization contracted to provide Medicaid benefits under this chapter fails to comply with the time periods established in subsections (1) and (2) of this section, it shall be deemed to have waived the right to enforce regulations relating to spend down of excess resources and production of verification of income and resources.*
- (5) Upon the receipt of a response to a request for verification of income or resources by the Department for Medicaid Services or a managed care organization contracted to provide Medicaid benefits under this chapter, the following shall apply:*

 - (a) If an applicant provides the Department for Medicaid Services, or designee, with all of the information requested in its request for verification of income*

or resources, a determination to grant Medicaid benefits shall be made within five (5) days;

(b) If the applicant fails to provide all information requested by the agency within fifteen (15) days, whether by failing to comply with the deadline established in subsection (3) of this section or by failing to produce requested information, the applicant's request for benefits shall be denied; and

(c) If the agency grants benefits within five (5) days, but later obtains information that would have resulted in a denial of the initial or amended application, then the agency may terminate the applicant's benefits.